

D.I. #**CIVIL ACTION****NUMBER:**07CV504***U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$ 1.82
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.62

07-504 ***

Sent To
Correctional Medical Systems
Street, Apt. No.;
or PO Box No. 1201 College Park Drive, Suite 101
City, State, ZIP+4 Dover, DE 19904

PS Form 3800, August 2006 See Reverse for Instructions

[A circular postmark is stamped over the form, reading "JAN 9 2008" and "Postmark Here".]